

FILED FEB 24 1942  
Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

- (a) County.....  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**City Sanitarium 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 mos. 14 ds**  
(Specify whether  
In this community **50 yrs. 2 mos. 24 ds.**  
years, months or days)

3. (a) PRINT  
FULL NAME **ATLUE RICKERT**

3. (b) If veteran, name war.....  
3. (c) Social Security No. ....

4. Sex **Female** / 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **single**  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **October 10, 1891**  
(Month) (Day) (Year)

8. AGE: Year: **50** Months: **2** Days: **24**  
If less than one day hr. min.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business.....

MOTHER FATHER { 12. Name **Waldram Rickert Unk**  
13. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Alice Schefel**  
15. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Nettie Koch**  
(b) Address **3452 Alberta St.**

17. (a) **Burial** (b) Date thereof **Jan. 5, -42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethany Cemetery**

18. (a) Signature of funeral director **J. M. Mayfield**  
(b) Address **1926 Allen Ave.**

19. (a) **JAN 3 1942** (b) **J. F. Bruck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County.....  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6649 Villa Ave**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **2**  
year **1942** hour **9:40** minute **A. M.**

21. I hereby certify that I attended the deceased from  
**10-20-41** 19 to **1-2-42** 19;  
that I last saw her alive on **1-2-42** 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration  
**Cerebral Thrombosis (10-20-41**  
**Cerebral Arteriosclerosis (10-20-41**

Due to.....  
**Cerebral Arteriosclerosis (10-20-41**

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy..... No.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **Walter Ford** (M. D. or other)  
Address **St. Louis City, San.** Date signed **1-2-42**

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Berj. C. Duncan*

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**